

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 547660

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10		0	1			
11		0				
12	1					
13	1					
14	1					
15	1					
16	1					
17						
18						
19		3				
20		0				
21		0				
22		0				
23		0				
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48						
49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	23	←	20	←		←
TOTAL CLAIMS	30		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

Darrell